



ADVANCE MARITIME TRAINING INSTITUTE

(A unit of Applied Marine Technologies Pvt. Ltd.)

Address: - 78, INSTITUTIONAL AREA, GROUND FLOOR, SECTOR – 44 GURGAON, HARYANA 122002, INDIA

TEL: +91 124 4144600, Fax: + 91 124 4144602, Email: ops@amti.in, Web: www.amti.in

(ADMISSION FORM)

(CAPITAL LETTERS ONLY)

Course: **INDOS No:**

Course Code: **Student's Roll No:**

Student's I.D. No: **Employer's Name:**.....

1. Personal Particulars:

First Name..... Middle Name..... Surname

Date of Birth: Day..... Month..... Year.....

Place of Birth: Place.....State/Country..... Nationality

Identification Mark

Permanent Address: House No.....Street.....

City.....District.....State..... Country.....

Telephone: Mobile No. :..... Fax No.:.....

E-mail ID :

Address while attending this course:

.....Telephone.....

Company Name..... Company Address.....

Passport No.....Date of issue Place of issue.....

CDC No.....Date of issuePlace of issue.....

Certificate of Competency: Grade..... No.....

Date of Issue Place of Issue.....

2. Details of Pre-Sea Training (For Competency Courses) :

Institute.....Certificate No.....

Date of Issue..... Duration of Training : From To

Was the Course DGS Approved: YES / NO



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3. Details of Sea Service :

S.No.	SHIP	COMPANY	GRT	DESIGNATION	PERIOD		SEA-TIME
					FROM	TO	
Total Sea Time / Propelling Time							

6. STCW Courses completed :

7. Value Add Courses completed :

8. How did you come to know about AMTI (Tick as applicable):

- a) Word of mouth [] b) Magazine(s)/Newspaper []
- c) Website [] d) Shipping Company/Recruiting office []
- e) Any other [] (Pls specify)_____



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9. DECLARATION: I hereby confirm that the information given by me is true and factual to the best of my knowledge. On admission, I undertake to attend all classes regularly and punctually and to comply with all the regulations of the Institute. I also declare that I have not been Restricted/Prohibited/Debarred from attending any courses or from appearing in any examination by D.G. Shipping/MMD/any other authority.

I agree that fees once paid shall be non refundable and non-transferrable.

I further hereby indemnify the Management of AMTI against any injury caused to me whilst undergoing the course at AMTI.

I have no objection in these details being used for promotional purposes.

I understand that my admission is subject to satisfying the eligibility criteria for the course.

Date:

Signature:

Only for Office use

Admission granted / not granted*

Administration Officer

Course Co-ordinator

(*Remarks/Reasons for not granting admission.....)